

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

| PLACE OF BIRTH  |  | ARIZONA STATE BOARD OF HEALTH    |                                 |
|---|--|----------------------------------|---------------------------------|
| 1. County of <u>Lila</u>  | BUREAU OF VITAL STATISTICS   |                                  | State Index No. <u>137</u>      |
| District of _____   | ORIGINAL CERTIFICATE OF BIRTH  |                                  | County Registrar No. <u>462</u> |
| Town of _____   |  |                                  | Local Registrar No. _____       |
| or <u>Globe</u>   |  |                                  |                                 |
| City of _____   | No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) |                                  | St. _____ Ward _____            |
| 2. Full name of child <u>Margaret Guerena</u>   | If child is not yet named, make supplemental report, as directed.                                      |                                  |                                 |
| 3. Sex of Child <u>F</u>  | To be answered ONLY in event of plural births.   | 4. Twin, triplet or other. _____ | 5. Legitimate? <u>Yes</u>       |
| 6. Date of birth <u>June 10-1924</u>  | Month day year   |                                  |                                 |
| 7. Full name <u>FATHER</u>  | 8. Full name <u>MOTHER</u>   |                                  |                                 |
| 9. Residence (Usual place of abode) <u>Ruis Canyon</u>  | 10. Residence (Usual place of abode) <u>Globe</u>  |                                  |                                 |
| If nonresident, give place and state <u>Globe</u>   | If nonresident, give place and state _____   |                                  |                                 |
| 11. Color or race <u>Mex</u>  | 12. Color or race <u>Mex</u>   |                                  |                                 |
| 13. Age at last birthday _____ (Years)  | 14. Age at last birthday <u>18</u> (Years)   |                                  |                                 |
| 15. Birthplace (city or place) <u>Globe Ariz</u>  | 16. Birthplace (city or place) <u>Globe</u>  |                                  |                                 |
| (State or country)  | (State or country)   |                                  |                                 |
| 17. Occupation <u>Grassy store clerk</u>  | 18. Occupation <u>Housewife</u>  |                                  |                                 |
| Nature of industry  | Nature of industry   |                                  |                                 |
| 19. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)   | 20. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>                                   |                                  |                                 |
| (a) Born alive and now living _____   | (b) Born alive but now dead _____  |                                  |                                 |
| (c) Stillborn _____   |  |                                  |                                 |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* <u>45</u>  |  |                                  |                                 |
| I hereby certify that I attended the birth of this child, who was <u>Aline</u> at <u>12 A.M.</u> on the date above stated.  |  |                                  |                                 |
| (Born alive or stillborn)   |  |                                  |                                 |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. |  |                                  |                                 |
| Signature <u>Dr. H. Horst</u> (Physician or midwife)  |  |                                  |                                 |
| Address <u>Globe Ariz</u>   |  |                                  |                                 |
| Given name added from _____   |  |                                  |                                 |
| supplemental report _____   |  |                                  |                                 |
| Month, day, year. _____   |  |                                  |                                 |
| Registrar. _____  |  |                                  |                                 |
| Filed <u>JUL 3</u> 19 <u>24</u> <u>B. S. Gray</u> Local Registrar.  |  |                                  |                                 |
| Filed <u>JUL 3</u> 19 <u>24</u> <u>B. S. Gray</u> County Registrar.   |  |                                  |                                 |

471-610-525